

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90249 026 \*\*\*\*50.00

**DOCUMENT # L99000006455**



1. Entity Name  
**JACKSON & RENFROE, LLC**

Principal Place of Business  
**6520 DANIELS ROAD  
NAPLES FL 34109**

Mailing Address  
**6520 DANIELS ROAD  
NAPLES FL 34109**

2. Principal Place of Business  
**2550 Garland Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**2550 Garland Rd**  
Suite, Apt. #, etc.

City & State  
**Naples, FL**

City & State  
**Naples, FL**

Zip  
**34117** Country **US**

Zip  
**34117** Country **USA.**

4. FEI Number **59-3604325** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**RENFROE, EDWARD A  
6520 DANIELS RD  
NAPLES FL 34109**

7. Name and Address of New Registered Agent  
Name **Renfroe, Edward A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5088 Seashell Lane**  
City **Naples, FL** FL Zip Code **34103**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **EDWARD A. RENFROE** DATE **1/17/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RENFROE, EDWARD A 6520 DANIELS ROAD NAPLES FL 34109</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JACKSON, DARVIN 6520 DANIELS ROAD NAPLES FL 34109</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Renfroe, Edward A. 5088 Seashell Ave Naples, FL 34103</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Jackson, Darvin E. 6290 Cedar tree Lane Naples, FL 34116</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** DATE **1/17/03** DAYTIME PHONE # **239-455-5020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)